

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Agricultural Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address		City	State	Zip
E-mail Address		Work Phone ()		Home Phone ()
I am teaching at _____ (School) _____ (District)				<input type="checkbox"/> Not Teaching
I have a current Secondary Education License:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Agriculture Endorsement(s) For Which You Are Applying:

<input type="checkbox"/> Agricultural Business & Management	<input type="checkbox"/> Animal Science & Technology	<input type="checkbox"/> Plant/Soil Science and Technology
<input type="checkbox"/> Agricultural Mechanization	<input type="checkbox"/> Natural Resources Management	
<input type="checkbox"/> Agriculture Science (Career & Technical)	<input type="checkbox"/> Ornamental Horticulture	

Employment Record (Related to the endorsement area(s) for which you are applying – ***(Exclude teaching experience)***)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Number of years experience in occupations related to the endorsement area:		Employer evidence letters verifying your work expertise and experience <u>must</u> be submitted with this application.
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Education									
If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement coursework.									
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite		
	Mo	Yr	Mo	Yr					

Teaching Experience							
If additional space is required, please attach a separate sheet of paper.							
Name of School	Address	From		To		Subjects	Principal/Director
		Mo	Yr	Mo	Yr		

References			
Teaching and/or Employment			
Name	Address	Position	Phone

Applicant Signature	X	Date	
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----- Information below to be completed by USOE personnel -----

License Recommended:	<input type="checkbox"/> Level 1 CTE/APP	<input type="checkbox"/> Level 1 CTE	<input type="checkbox"/> Level 2 CTE
Approved Endorsement:			
Approved Endorsement:			
Signature of State Agricultural Education Specialist			
Signature		Date	
Submit completed application, official transcripts, and/or other documentation to: Stephanie Ferris , USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752			Licensure Clearance